

# Edgewater Christian Fellowship

## Children's Ministry Application

Complete application in its entirety and return to church office or mail to:  
ECF Children's Ministry, 101 Assembly Circle, Grants Pass, OR 97526

### OFFICE USE ONLY

Turned In: \_\_\_\_\_

Entered in Contacts: \_\_\_\_\_

Background ✓: \_\_\_\_\_

Contacted: \_\_\_\_\_

Day/age Assigned: \_\_\_\_\_

Schedule Mailed: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE OR PHOTO ID WITH APPLICATION**

Today's Date \_\_\_\_\_

### Personal Data

#### Legal Name:

Mr./Mrs./Ms. \_\_\_\_\_

*Circle one*                      *Last*                      *First*                      *Middle Name*                      *Nickname*

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Can you be contacted at work? \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

#### Mailing Address:

\_\_\_\_\_

*Number*                      *Street*                      *Apt. #*

\_\_\_\_\_

*City*                      *State*                      *Zip*

#### Previous Address:

\_\_\_\_\_

*Number*                      *Street*                      *Apt. #*

\_\_\_\_\_

*City*                      *State*                      *Zip*

Has your name changed in the last 5 years?    Yes ☐    No ☐    If yes, what was your previous name? \_\_\_\_\_

Have you lived out of state in the last 10 years?    Yes ☐    No ☐    If yes, what year and which state? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name & ages of your children \_\_\_\_\_

Place of Employment/School Name \_\_\_\_\_ Type of Work \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

**(Must have if born in 2000 or before)**

- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1) | Do you use illegal drugs?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) | Have you ever molested or physically abused a minor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) | Have you ever been arrested?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) | Have you ever been convicted?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5) | Have you ever pleaded guilty for a crime?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6) | Would you mind being finger printed?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7) | Would you mind being photographed?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8) | Do you have any communicable diseases?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|    | If so, what diseases? _____                          |                              |                             |

## Children's Ministry Data

*My interest is:*

☐ Nursery (Birth through 3 yrs, not toilet trained)

☐ Preschool (3 yrs through Kindergarten)

☐ Teacher ☐ Teacher assistant ☐ Helper ☐ Worship Leader

☐ 1st – 5<sup>th</sup> Grade

☐ Teacher ☐ Teacher assistant ☐ Helper ☐ Worship Leader

Do you have any previous experience in Children's Ministry? \_\_\_\_\_ if yes, please describe:

\_\_\_\_\_

Do you have any talents or abilities you would like to share with the children? (Puppets, worship, story telling, etc.)

\_\_\_\_\_

**Spiritual Data** Please *be sure to include this information with your application.*

Brief Christian Testimony (Please describe at what point you accepted Jesus as your personal Savior.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide two non-family personal references whom you have known for at least 1 year and regularly attend church:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Where did you attend before, and what was the pastor's name: \_\_\_\_\_

In the event of an emergency, contact: \_\_\_\_\_

*Name*

*Relationship*

*Phone#*

### Please read before signing:

I understand that:

- The information given in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information that they may have regarding my character and fitness for Children's Ministry. In consideration of the receipt and evaluation of this application by Edgewater Christian Fellowship, I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive my right that I may have to inspect any information provided about me by any person or organization identified by me in this application.
- In the course of volunteering for Edgewater Christian Fellowship, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Edgewater Christian Fellowship and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Edgewater Christian Fellowship.
- I grant Edgewater Christian Fellowship permission to use my likeness, voice, and words in television, radio, or film.

I affirm that I have read the above and that the information I have given is true and complete.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

(Must also be signed by parent or guardian if applicant is a minor)

## Edgewater Christian Fellowship

*All applicants please complete all information on this page.*

### **Criminal Records Check Consent**

In order to serve the best interest of the church body, Edgewater Christian Fellowship conducts a criminal background check on all potential volunteers. Conviction history will not automatically disqualify you from volunteer status, but factors such as the nature and gravity of the crime, the length of time that has passed since the conviction, the completion of any sentence, and the nature of the job for which you have applied, will be considered.

Any other previous names, aliases, maiden name, etc. \_\_\_\_\_

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Print Name**\_\_\_\_\_

**Parent's Signature**\_\_\_\_\_ **Date**\_\_\_\_\_  
(Must also be signed by parent or guardian if applicant is a minor)

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